

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HS</i>		1-29-00
O.I.P.E. CLASSIFIER		<i>10</i>	2-14-00
FORMALITY REVIEW	<i>VS</i>	71480	3-31-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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If more than 150 claims or 10 actions  
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